(12-01) LOBERTY \$2.00 END, ROUSH WIT HUNGUT DEN TO DEPOYER **APPLIED TO THEMPTRAGED, & U; PORCH TREADERT DES TROME OF ALL ***COMMINISTRATION BING PROPERTY II RESERVE AND ROBERTY OF ALL ALL AND ROBERTY OF ALL ALL AND ROBERTY OF ALL AND ROB

PATENT APPLICATION FEE DETERMINATION RECORD										sab"t	30
APPLICATION AS FILED - PART ((Column 1) (Column 2)							SMALL ENTITY		ØR f	OTHER 6MALL E	
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01 CFR 1.16(4). (1). (1) (1) EXAMINATION FEE (21 CFR 1.16(4). (1). (1)		NVA	WA		HVA		N/A.			H/Y :	800
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MULTIPLE DEPENDENT CLUM PRESENT (37 CER 1.16(1)) Me de deference in column 1 in leas than zone enter 10 in column 2.									}	TOTAL	156
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) HIGHEST								ENTITY .	06		THAN LEKTITY
A		REMAINING AFTER		MUKBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (1)	LEE (1) HOHVE YDDI-		:	LEE (2)
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AWE	Application 610	STON FOR (37 CFR 1.16(4)) SENTATION OF HARTELE DEFENDENT CLAIM (31 CFG 1.16(3))						1		AUS (1 / /
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AMENDM	promised	In Eas (27 CER)	.1	٠			×				
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			- 15				. 1770T 7 7 000A	ee .	1	OR JOTAL	Er L
l l	••				well to to call			·			

* If the entry in column 1 is loss than the entry in column 2, write "O" in column 3.

"If the Highest Humber Previously Paid For IN THIS SPACE is less than 20, enter "20".

"If the Highest Humber Previously Paid For IN THIS SPACE is less than 3, ander "3".

"It is Highest Humber Previously Paid For IT fold or independent) is the highest number found in the appropriate box in column 1.

The Tightest Humber Previously Paid For IT fold or independent) is the highest number found in the appropriate box in column 1.

The Tightest Humber Previously Paid For IT fold or independent) is the highest number found in the appropriate box in column 1.

The Collection of information is required by 37 CFR 1.10. The Information is required to obtain a collection is extinated to take (2 infinitest to complete the provident by information for the USPTO. There will very decreasing upon the individual core. Any committee of the appropriate of the provident with form and/or supposition for its reducing the burden, devoid be remited the Child Information Officer. U.S. Parameters of the provident with form and/or supposition for reducing the burden, devoid be remited to Child Information Officer. U.S. Parameters of Commerce, P.O. Dor 1450 Marameters, VA 22313-1450. Do 100 FEEs OR COMPLETED FORMS TO 7 Additional Commerce of the Commerce of Commerce of Patients, P.O. Box 1450, Marameters, VA 22313-1460.